

COXHEALTH FOUNDATION

# Play For A Cause

PRESENTED BY:



Credit Bureau Systems, Inc.



CorroHealth



BENJAMIN F. EDWARDS & Co.  
INVESTMENTS for GENERATIONS

**JULY 28TH, 2025**  
**TEE TIMES: 8AM or 2PM**  
**HIGHLAND SPRINGS COUNTRY CLUB**  
**SPRINGFIELD, MO**

**OCTOBER 20TH, 2025**  
**TEE TIME: 9:30AM**  
**OZARK NATIONAL GOLF COURSE**  
**BIG CEDAR LODGE | BRANSON, MO**

**8AM Tee Time Includes:**

- Breakfast
- Tee Gift
- Snacks & Drinks on the Course
- Awards

**2PM Tee Time Includes:**

- Lunch
- Tee Gift
- Snacks & Drinks on the Course
- Post Game Meal
- Awards

**SOLD OUT!**



**9:30AM Tee Time Includes:**

- Boxed Lunch
- Tee Gift
- Snacks & Drinks on the Course

**SOLD OUT!**

**Please Note:**  
 MVP3 tournament capacity is limited to only 35 teams.

**Tournament Discount:**

Receive 10% off accommodations on October 19th, 2024 at Big Cedar Lodge.

REGISTER AT  
[COXHEALTHFOUNDATION.COM](http://COXHEALTHFOUNDATION.COM)  
 OR CALL 417-269-7037



THANK YOU TO  
**ENGLISH PROMO®**  
 WE MAKE YOUR LOGO HAPPY!

OUR TEE GIFT SPONSOR



# THANK YOU FOR YOUR SUPPORT!

You are helping us provide for our TOP priority at CoxHealth — our Patients. Thanks to those who join us in this tournament, funds will be directed to this year's top priorities for our patients, projects and programs that will impact the health of our friends, families, communities and more. Your participation makes you a MVP at CoxHealth!



*WANT A DINGER?*

## PAIR UP WITH A COXHEALTH LEADER!

Sign on as a tournament sponsor at \$2,500 or more and you are eligible to play the round with a CoxHealth leader for an additional fee. Select from these CoxHealth VP's (first come-first serve). This is a limited opportunity, so lock in your sponsorship early to guarantee your chosen leader.

*Sold!*

- Max Buetow**, President and CEO / Highland Springs ..... \$1,500
- Max Buetow**, President and CEO / Ozark National ..... \$1,500
- Dr. Shawn Usery**, Chief Medical Officer ..... \$1,000
- Brock Shamel**, Senior VP of Operations ..... \$1,000
- Ashley Casad**, SVP, Springfield Hospitals ..... \$1,000
- William Mahoney**, President, Cox Medical Center Branson / Highland Springs... \$1,000
- William Mahoney**, President, Cox Medical Center Branson / Ozark National.... \$1,000
- Matt Turner**, VP of Operations..... \$1,000



## **SPONSORSHIPS + BENEFITS**

Team Sponsorship will become available after January 2025, based on remaining available spots following Presenting and Cart Sponsorship appeal. Team Sponsorship will be first come first paid on Tee Times and Location.

### **PRESENTING SPONSOR: \$10,000**

- 3 teams
- Sponsor may split teams between the two tournaments
- Sponsor has first choice on Tee times
- Includes Mulligans for teams
- Banners and signage on both courses
- Custom snack package for players
- Recognition during awards/social media/website

### **COXHEALTH CART SPONSOR: \$7,500**

- 2 teams
- Sponsor may split teams between the two tournaments
- Sponsor has first choice on Tee times
- Includes Mulligans for teams
- Recognition on all carts at both tournaments/social media and awards

### **TEAM SPONSOR / HIGHLAND: \$2,500**

### **TEAM SPONSOR / OZARK NATIONAL: \$3,000**

- 1 team
- May provide promotional materials in swag bag
- Tee times offered as available

### **HOLE SPONSOR: \$500**

- Your name or company logo at one hole. You choose which tournament. Please email your logo to [chf@coxhealth.com](mailto:chf@coxhealth.com)



*Yes,* We want to sponsor **MVP<sup>3</sup>**

**SELECT DATE:**

- July 28th | Highland Springs
- October 20th | Ozark National

**SELECT SPONSORSHIP LEVEL:**

- Presenting Sponsor: \$10,000
- CoxHealth Cart Sponsor: \$7,500
- Team Sponsor / Highland Springs: \$2,500
- Team Sponsor / Ozark National: \$3,000
- Hole Sponsor / Highland Springs: \$500
- Hole Sponsor / Ozark National: \$500

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

My check is enclosed. Sponsorship Amount: \$ \_\_\_\_\_

Please charge my credit card.    Visa    MasterCard    Discover

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_



**COXHEALTH FOUNDATION**

*serving the medically underserved*

**CoxHealthFoundation.com | 417-269-7109**

**RETURN FORM TO:**

CoxHealth Foundation  
P.O. Box 8131  
Springfield, MO 65801

**THANK YOU FOR YOUR SUPPORT!**

*A portion of your gift is tax-deductible as allowed by law.  
CoxHealth Foundation is a 501(c)3 not for profit organization.*

**QUESTIONS? CONTACT:** Chris Ijames at 417-269-7037 or Lisa Alexander at 417-269-7109